
Services for and Needs of Pregnant Teenagers in Large Cities of the United States, 1979-80

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OF APPROXIMATELY 1,142,000 PREGNANCIES among U.S. teenagers in 1978, 434,000 ended in abortion and 362,000 resulted in births of infants conceived out of wedlock, 192,000 in births of infants conceived following marriage, and the remainder in miscarriages (1). Between 1973 and 1978, the number of teenage pregnancies increased by 13 percent; the rise was steepest among 18-19-year-olds, less steep among 15-17-year-olds, and slight among those under 15 years. In 1978, 18-19-year-olds accounted for 685,000 pregnancies, 15-17-year-olds for 425,000, and those under 15 years for 30,000 (1).

Although the proportion of all teenagers who became pregnant between 1973 and 1978 rose from 10 to 11 percent, the proportion among the sexually active declined from 27 to 23 percent. More than one-fifth of the premarital first pregnancies among teenagers occur within the first month after initiation of sexual intercourse, and half occur in the first 6 months thereafter (1). Of the 1.1 million pregnancies that occurred among teenagers in 1978, 847,000 were unintended, that is, 85 percent of the 749,000 pregnancies among

unmarried teenagers and 51 percent of the 349,000 pregnancies among married teenagers (1).

Unwed teenage mothers rarely give up their babies for adoption or for care by relatives or friends. Ninety-six percent keep their children with them. About 1.3 million children in the United States are now living with 1.1 million teenage mothers (1).

The consequences of teenage childbearing are serious. The infant mortality rate for babies born of teenage mothers is twice that of babies born to mothers in their twenties. Babies born to teenage mothers are more likely to be of low birth weight. Teenage childbearing interrupts, and may cause termination of, a teenager's education. The income of young teenage mothers is half that of those who first give birth in their twenties. Marriages are disrupted three times more frequently among young teenagers who give birth than among older childbearers. In 1975, about half of the \$9.4 billion invested in the Aid to Families with Dependent Children program went to families in which the mother had given birth as a teenager. Families headed by young mothers are seven times as likely as other families to be poor (1).

Questionnaire Survey 1979-80

Because teenage pregnancy is a serious social, health, educational, and vocational problem for both the mother and her infant, we initiated a series of national surveys on the status of services for, and the needs of, pregnant teenagers in the large cities of the United States. This report is based on the study done in 1979-80, the third in the series (2,3). To collect data for this study, a questionnaire was sent during

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Table 1. Responses of large U.S. cities to 1979–80 questionnaire, by population

| Population | Total cities surveyed | Respondents | | | |
|-------------------------|-----------------------|-----------------|--|---------------------------|------------------|
| | | Total cities | Departments of education and of health | Education department only | Provided no data |
| 1 million or more | 6 | 6 | 4 | 1 | 1 |
| 750,000–999,999 | 3 | 3 | 1 | 2 | 0 |
| 500,000–749,999 | 16 | 13 | 13 | 0 | 0 |
| 350,000–499,999 | 14 | 11 | 10 | 1 | 0 |
| 250,000–349,999 | 16 | 15 | 11 | 4 | 0 |
| 175,000–249,999 | 19 | 15 | 12 | 2 | 1 |
| 150,000–174,999 | 15 | ¹ 13 | 9 | 2 | 1 |
| 125,000–174,999 | 25 | 22 | 15 | 1 | 6 |
| 100,000–124,999 | 38 | ² 29 | 20 | 3 | 5 |

¹ Includes 1 city in which only the health department responded.² Includes 1 city that reported it had no program.

late 1979 and early 1980 to local departments of health and local departments of education in the 153 cities which, according to Bureau of Census estimates, had a population of 100,000 or more in 1978. Followup re-mailings were done periodically to ensure an adequate response rate. The same questionnaire was used in the 1970, 1976, and 1979–80 surveys except that in the 1976 and 1978–80 surveys, new questions were added in regard to followup services, school dropouts, and child abuse and neglect.

Questionnaire Responses

The overall response to the 1979–80 questionnaire was 83 percent. The response rate was higher among the larger cities; cities with the smallest populations (under 125,000) had the lowest response rate. In 95 of the 127 cities responding, responses came from both the local department of health and the local department of education or from one of these departments after consultation with the other department; in 16 cities, responses came from only one local department without consultation with the other; 15 other cities that responded to the questionnaire provided no data (table 1).

Special program for pregnant teenagers. Of the 127 cities responding to the 1979–80 questionnaire, 112 answered the question about the provision of a special program for pregnant teenagers, and 90 reported that they provided such a program (table 2). Of the 92 cities providing information on when the special program began, 64 reported that it began in the period 1966–74 and 33 that it began in the period 1969–70. Two cities had initiated their special program for pregnant teenagers in the early 1900s. Only 11 cities reported that they had begun their special program since 1972.

Fifty-three cities provided data on the size of their

female populations 15–19 years old and on the number of pregnant teenagers served by the special programs. They reported a total population of 903,214 girls aged 15–19 years. If we use Zelnik and Kantner's findings that 35 percent of girls 15–19 years old in the United States are sexually active (4), an estimated 299,139 females aged 15–19 years in these 53 large cities are sexually active. Yet in these cities, only 9,234 pregnant teenagers were cared for in the special programs in 1979–80 (3.1 percent of those estimated to be at risk of pregnancy).

By far the most common sponsors of special programs were local departments of education—83 cities, followed by local health departments—24 cities (table 3). Maternity and Infant Care Projects were reported as sponsors in seven cities. Voluntary agencies sponsored programs in 28 cities.

Funding for the special programs was reported to be almost entirely governmental—local, State, or Federal (table 3). The most common local sources of funds were city or county schools; fiscal participation

Table 2. Responses of large U.S. cities to question about the provision of special programs for pregnant teenagers, 1979–80 survey, by population

| Population | Total respondents | Provided special program | | |
|------------------------|-------------------|--------------------------|----|-----------------------------|
| | | Yes | No | No answer or answer unclear |
| 1 million or more | 6 | 5 | 1 | 0 |
| 750,000–999,999 | 3 | 3 | 0 | 0 |
| 500,000–749,999 | 13 | 11 | 2 | 0 |
| 350,000–499,999 | 11 | 11 | 0 | 0 |
| 250,000–349,999 | 15 | 12 | 2 | 1 |
| 175,000–249,999 | 15 | 10 | 4 | 1 |
| 150,000–174,999 | 13 | 10 | 1 | 2 |
| 125,000–149,999 | 22 | 11 | 4 | 7 |
| 100,000–124,999 | 29 | 17 | 3 | 9 |

Table 3. Sponsorship and sources of funds and of medical care in special programs for pregnant teenagers, 1979-80 survey

| <i>Sponsorship and sources of funds and medical care</i> | <i>Number of cities</i> | <i>Sponsorship and sources of funds and medical care</i> | <i>Number of cities</i> |
|--|-------------------------|---|-------------------------|
| <i>Sponsorship</i> | | <i>Sources of funds—continued</i> | |
| Official agencies: | | Health department | 6 |
| Education departments | 83 | Special education department | 4 |
| Health departments | 24 | Welfare department | 1 |
| Maternity and Infant Care Projects | 7 | Federal | 42 |
| Social service departments | 6 | Title 5 funds (Maternal and Child Health) | 10 |
| Health centers | 3 | Title 20 funds (social services) | 8 |
| Mental health centers | 1 | Education funds | 6 |
| Voluntary agencies: | | "Federal" funds (unidentified) | 5 |
| Florence Crittenton agency | 9 | Title 5 funds (Maternal and Infant Care Projects) | 4 |
| Medical schools | 5 | Title 10 funds (Family Planning) | 3 |
| Hospitals | 3 | Title 19 funds (Medicaid) | 2 |
| YWCA | 3 | Vocational funds | 2 |
| March of Dimes | 1 | Title 5 funds (Children and Youth Projects) | 1 |
| United Way | 1 | "Federal health" (unidentified) | 1 |
| Other | 6 | Other | 7 |
| <i>Sources of funds</i> | | Question not answered | 21 |
| Local | 74 | <i>Sources of medical care</i> | |
| Official agencies | 60 | Official agencies | |
| Local education department | 24 | Health departments | 31 |
| City education department | 15 | Maternity and Infant Care Projects | 18 |
| County education department | 7 | Health centers | 5 |
| County health department | 3 | Medicaid | 2 |
| Local health department | 2 | U.S. Navy | 2 |
| City health department | 1 | Other | 2 |
| "Local" (department unidentified) | 6 | Voluntary agencies | |
| "City" (department unidentified) | 1 | March of Dimes | 1 |
| "County" (department unidentified) | 1 | Planned Parenthood | 2 |
| Voluntary agencies | 14 | HMOs (health maintenance organizations) | 2 |
| United Way | 7 | Other | 5 |
| Florence Crittenton agency | 2 | Miscellaneous | |
| March of Dimes | 2 | Medical schools | 11 |
| Children's Home Society | 2 | Hospitals | 23 |
| Booth (Salvation Army) programs | 1 | Clinics | 14 |
| State | 53 | Private physicians | 26 |
| Education department | 35 | | |
| "State" (department unidentified) | 7 | | |

by local health departments was relatively small. State funds also came predominantly from departments of education. Federal support came from a variety of sources—funding under Title 5 of the Social Security Act (Maternal and Child Health), under Title 20 of the Social Security Act (Social Services), and under Title 10 of the Public Health Service Act (Family Planning). Altogether, 63 cities reported that education funds were a source of support of the special programs, 30 reported that health funds helped support the program, and 11 reported welfare or social service funds as sources of support (table 3).

Fifty-four cities reported that they provided a special program of medical care for pregnant teenagers; 42 reported that they did not.

Medical care. Medical care for the pregnant teenagers in the special programs was provided by hospitals, private physicians, Maternity and Infant Care Projects,

health departments, clinics, and medical schools. The sources of medical care reported were primarily those of organized community programs (table 3).

The medical care providers most frequently used by pregnant teenagers were obstetricians (65 cities) and pediatricians (47 cities). Nine cities reported that nurse midwives were providing the medical care for pregnant teenagers. The babies of the pregnant teenagers were typically delivered in a hospital and usually by an obstetrician. Medical care for the pregnant teenagers was provided in clinics, hospitals, private physicians' offices, health departments, and Maternity and Infant Care Projects (table 4). Medical care for infants was provided in private physicians' offices, health departments, clinics, hospitals, well children conferences, and Children and Youth Projects.

Other services provided. The types of services most frequently provided by the special programs were coun-

selling (92 cities), special education (84), nutrition (84), family life education (84), and sex education (81). As table 5 shows, the least frequent types provided were treatment of drug abuse (13 cities), alcoholism (16), abortion (17), juvenile delinquency (18), legal advice (20), and maternity homes (20).

Pregnancy testing for teenagers was reportedly provided in 89 cities. The agencies most frequently providing this testing were health departments (53 cities), Planned Parenthood (43), hospitals (12), and clinics (9). Nine cities reported that pregnancy testing services were not freely available.

Ninety-two cities reported that contraceptive services were available for teenagers. The contraceptives were available from the following sources:

| <i>Source of contraceptives</i> | <i>Number of cities</i> |
|---|-------------------------|
| Planned Parenthood | 57 |
| Health department | 51 |
| Hospital | 11 |
| Clinic | 8 |
| Private physician | 6 |
| Family planning clinics | 6 |
| Maternity and Infant Care Project | 3 |
| Health centers | 2 |
| Miscellaneous | 3 |

The cities reported some restrictions on contraceptive services to teenagers: 14 required parental consent, 11 had age restrictions, 9 required payment of a fee, 6 required a financial eligibility test, 4 had legal restrictions, in 4 cities the service was unavailable, 3 provided the services only to teenagers who had a previous pregnancy, and 2 provided the services only to married teenagers.

Fifty-five cities reported that abortion services were freely available for teenagers, and 28 cities reported that they were not. The restrictions on these services included length of gestation, 38 cities; legal, 23 cities; funds, 15 cities; unavailability of the services, 13 cities; parental consent, 7; religion, 6; available only to inpatients, 4; age of patient, 2. Abortion services were provided by clinics, private physicians, and hospitals, in clinics and hospitals. In 64 cities, these services were paid for by patients and in 26 cities, by Medicaid.

Two-thirds of the cities (84 of 127) reported providing a special education program for pregnant teenagers; 11 reported that they did not. When this was offered, it was more frequently provided in high school (96 cities) or junior high school (91 cities) than in elementary school (55 cities). Special education was most frequently provided in special schools (76 cities); less frequently in special classes (31 cities) or in home instruction (49 cities). It usually included family life education, special health classes, and sex education. It

less frequently included premarital or marital counseling.

Only nine cities reported that there was a waiting list for the special education program. In the nine cities, the duration of the wait ranged from a few weeks to as long as 9 months. The number on the waiting lists varied from 6 to 150.

Ninety-six cities reported providing social services for pregnant teenagers, and six reported that they did not. Social services were most frequently provided by welfare, education, and health departments, by Maternity and Infant Care Projects, and by voluntary agencies. The social services most frequently available were counseling (88 cities), adoption (77), referral for job training or placement (69), clothing (69), and day care (69). Services less frequently available were housing, help for the father, foster home placement, and transportation.

Ninety-eight cities reported that nutrition services were available for pregnant teenagers, and four cities reported they were not available. The nutrition services most frequently available were education (92 cities); extra food (65); special school lunch (59) or breakfast (40) or food stamps (47); and WIC (Women, Infants, and Children nutrition program).

Eighty-five cities reported that nutrition services were available for infants, and 17 reported that they were not. The nutrition services most frequently available were education of the mothers about infant feed-

Table 4. Number of cities using various sources and sites for medical care of pregnant teenagers and infants, 1979-80 survey

| <i>Source or site</i> | <i>Pregnant teenagers</i> | | <i>Source of care of infants</i> |
|---|---------------------------|---------------------|----------------------------------|
| | <i>Source of care</i> | <i>Site of care</i> | |
| Health departments | 31 | 25 | 48 |
| Private physicians | 25 | 42 | 53 |
| Hospitals | 23 | 36 | 37 |
| Maternity and Infant Care Projects | 18 | 11 | 4 |
| Clinics | 15 | 30 | 21 |
| Medical schools | 11 | 3 | 3 |
| Health centers | 5 | 7 | 8 |
| HMOs (health maintenance organizations) | 2 | 1 | 1 |
| Children and Youth Projects | 2 | 1 | 11 |
| U.S. Navy | 2 | 3 | 1 |
| Planned Parenthood | 2 | 0 | 0 |
| Midwives | 2 | 0 | 0 |
| Schools | 1 | 4 | 0 |
| Florence Crittenton agency | 0 | 2 | 0 |
| Pediatricians | 0 | 0 | 7 |
| Obstetricians | 0 | 0 | 4 |
| General practitioners | 0 | 0 | 2 |
| Medical residents | 0 | 0 | 2 |
| Miscellaneous | 7 | 1 | 2 |

Table 5. Number of cities providing special services in their programs for pregnant teenagers, by population, 1979–80 survey

| Special services | Cities with populations of— | | | | | | | | | Total with service |
|---------------------------------|-----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|
| | 1 million or more | 750,000–999,999 | 500,000–749,999 | 350,000–499,999 | 250,000–349,999 | 175,000–499,999 | 150,000–174,999 | 125,000–149,999 | 100,000–124,999 | |
| Counseling | 4 | 3 | 11 | 11 | 13 | 11 | 9 | 11 | 19 | 92 |
| Special education | 4 | 3 | 10 | 9 | 13 | 8 | 10 | 10 | 17 | 84 |
| Nutrition programs | 4 | 3 | 12 | 9 | 12 | 9 | 8 | 11 | 16 | 84 |
| Family life education | 5 | 2 | 9 | 10 | 13 | 9 | 10 | 11 | 15 | 84 |
| Sex education | 5 | 1 | 11 | 10 | 12 | 9 | 9 | 11 | 13 | 81 |
| Special health classes | 3 | 3 | 9 | 9 | 11 | 8 | 10 | 10 | 16 | 79 |
| Social services | 5 | 1 | 11 | 10 | 12 | 10 | 6 | 10 | 13 | 78 |
| Home visiting | 4 | 1 | 10 | 9 | 11 | 7 | 9 | 10 | 12 | 73 |
| Vocational assistance | 4 | 3 | 7 | 7 | 10 | 8 | 7 | 7 | 12 | 65 |
| Interdisciplinary staff | 4 | 1 | 10 | 8 | 11 | 7 | 6 | 5 | 11 | 63 |
| Contraception | 0 | 1 | 8 | 9 | 11 | 3 | 4 | 7 | 10 | 53 |
| Special medical care | 2 | 1 | 9 | 9 | 8 | 5 | 3 | 7 | 8 | 52 |
| Pregnancy testing | 1 | 1 | 8 | 7 | 8 | 7 | 3 | 6 | 3 | 44 |
| Day care of infants | 1 | 0 | 4 | 4 | 9 | 5 | 2 | 3 | 7 | 35 |
| Adoption | 0 | 1 | 4 | 4 | 7 | 4 | 2 | 4 | 8 | 34 |
| Special work with fathers | 3 | 2 | 4 | 6 | 5 | 4 | 1 | 5 | 4 | 34 |
| Psychiatric service | 2 | 1 | 4 | 7 | 7 | 3 | 1 | 3 | 5 | 33 |
| Truancy | 0 | 0 | 5 | 4 | 4 | 1 | 3 | 4 | 4 | 25 |
| Maternity homes | 1 | 1 | 3 | 2 | 5 | 2 | 2 | 2 | 2 | 20 |
| Legal advice | 0 | 0 | 3 | 3 | 3 | 1 | 3 | 2 | 5 | 20 |
| Juvenile delinquency | 0 | 0 | 5 | 2 | 1 | 1 | 2 | 3 | 4 | 18 |
| Abortion | 0 | 1 | 3 | 1 | 3 | 1 | 1 | 2 | 5 | 17 |
| Treatment for alcoholism | 0 | 1 | 4 | 1 | 2 | 1 | 1 | 2 | 4 | 16 |
| Treatment for drug abuse | 0 | 1 | 3 | 1 | 2 | 1 | 0 | 1 | 4 | 13 |
| Question not answered | 0 | 0 | 1 | 0 | 2 | 3 | 0 | 4 | 1 | 11 |

ing (76 cities), extra foods (65), and food stamps (46). More cities (98) reported the availability of special nutrition services for the pregnant teenagers than for their infants (85).

Sixty-two cities reported that they provided followup services for the mothers, and 46 reported that they did not. The followup service most frequently provided was family planning or postpartum care. The duration of followup of the mothers varied from weekly home visits to a 3-year period of surveillance. Fifty-one cities reported providing followup services for the infants, and 52 reported that they did not. The duration of followup of infants varied from weekly home visits to a 6-year period of surveillance.

There were 2,248 teenagers who dropped out of the special programs following the pregnancy and 1,107 teenagers who dropped out during the pregnancy. The most frequent reasons given for the dropouts were lack of motivation, lack of child care, mobility, health reasons, reentry into original school, and transportation difficulties.

Fourteen cities reported that child abuse and neglect were common problems affecting the babies born to the teenage mothers in the special programs; 63 cities reported that these were not problems.

Unmet needs of pregnant teenagers. The question-

naire contained two items relating to unmet needs in the care of pregnant teenagers and their infants. The unmet needs reported by the cities are summarized in table 6. Day care or child care was the most commonly reported unmet need for pregnant teenagers under 15 and 15–19 years of age, as well as for their infants. The second most commonly reported need for both age groups of pregnant teenagers was for funds. For infants, the second most commonly reported need was for parenting.

Discussion

Comparison of the results of the 1979–80 and the 1976 surveys revealed that few large cities (only five) had added a special program for teenage pregnant girls and their infants in the interim 3-year period, even though the number of teenage pregnant girls cared for in the special programs continued to be small compared with the total number of teenagers in these large cities who became pregnant each year. These consistent observations that very limited services are available for teenage pregnant girls and their infants should lead to studies of the reasons that the cities are unable to expand and extend these services. Is the primary reason lack of funds for the services needed? Or is the inability due to attitudes of parents, school board members, school administrators, legislators, and teachers?

Funds for special programs for pregnant teenagers come from a combination of local, State, and Federal sources and from local voluntary agencies. The most common sources of funds reported in the survey were local, State, and Federal schools and departments of education. In 1978 the Adolescent Pregnancy and Prevention Act made special funds available to official and voluntary education, health, welfare, and other community agencies. This legislation expired in September 1981 but was replaced by the new Adolescent Family Life bill, which has an appropriation of \$16 million.

The 1979–80 survey showed that social services, health education, and vocational, health, and educational services for pregnant teenagers need to be improved and extended, as do also day care and social and health services for their infants. The survey pointed up unmet needs in the care of pregnant teenagers and their infants in large U.S. cities.

Contraceptive services, along with family life education and sex education, should be given high priority for sexually active teenagers; yet nine other services are provided more frequently than contraceptives according to the survey (table 6). Demonstration programs need to be established to test and evaluate methods directed at reducing the incidence of teenage pregnancy in the United States. More efforts at family life education also need to be tried and evaluated. Furthermore, such education should be combined with and evaluated with counseling and family planning services.

Followup services for both the pregnant teenager and her infant need to be improved. Because both are at high risk, continued efforts are needed with both mother and infant. For the mother, that means providing medical and health care, social services, family planning, and assistance in continuing her education, combined with planning for her future. For the baby, that means providing day care, health supervision and medical care, social and nutrition services, and so forth. Organized community services should be mobilized for this high-risk population of teenage mothers and their children and continued until they are able to revert to a "normal risk" level. The problem of dropouts from the special programs for pregnant teenagers needs more attention. Also, to focus on the pregnant teenager alone will continue to be ineffective until her male partner and her family are included.

Summary

The third in a series of national surveys of the services for and needs of pregnant teenagers and their infants in large cities of the United States was conducted in

Table 6. Number of cities reporting that various needs of pregnant teenagers and their infants were unmet, 1979–80 survey

| Service | Unmet needs of pregnant girls | | Unmet needs of infants |
|---|-------------------------------|-------------|------------------------|
| | Under 15 years | 15–19 years | |
| Day care and child care. | 44 | 39 | 52 |
| Family planning | 18 | 15 | 1 |
| Sex education | 19 | 12 | 3 |
| Transportation | 21 | 14 | 9 |
| Parenting education . . . | 19 | 20 | 30 |
| Continuing education . . | 22 | 22 | 6 |
| Counseling | 20 | 16 | 4 |
| Funds | 22 | 23 | 8 |
| Nutrition | 11 | 6 | 13 |
| Prenatal care | 10 | 5 | 1 |
| Health and medical services | 20 | 13 | ... |
| Family life education . . | 11 | 10 | 3 |
| Infant care | 8 | 7 | 8 |
| Involvement of father . . | 8 | 13 | 1 |
| Followup | 8 | 5 | 3 |
| Health education | 5 | 7 | ... |
| Abortion | 4 | 5 | ... |
| Baby sitting | ... | ... | 5 |
| Job and vocational assistance | 8 | 31 | 4 |
| Housing | 11 | 16 | 9 |
| Social services | 4 | 5 | 8 |
| Health and medical care. | ... | ... | 20 |
| Miscellaneous | 28 | 32 | 21 |

1979–80. Only five of these cities were found to have established a new program for pregnant teenagers since the 1976 survey. Major unmet needs continued to exist in health supervision and medical care, education, social services, vocational assistance, financial aid, and day care for infants, as well as in family life education, family planning, and abortion services. The 1979–80 survey provides baseline data on the status of the health, social, and educational care of pregnant teenagers and their infants in large U.S. cities in the period before large reductions in Federal support for this population group had been effected.

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